

IMPORTANT INSTRUCTIONS:

1. Type or print clearly
2. Use 1 space for each letter or number
3. Always start in leftmost space
4. Put a blank space between each word
5. Complete entire form (both sides, including signature)
6. Incomplete forms will be rejected

EXAM APPLICANT'S NAME AND ID INFORMATION

FIRST NAME	MI	LAST NAME	JR, SR, II etc.
<div style="border: 1px solid black; width: 100px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 270px; height: 30px;"></div>	<div style="border: 1px solid black; width: 60px; height: 30px;"></div>

BIRTH DATE →	Mo.	Day	Year	LAST 4 NUMBERS OF SSN
	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px;"></div>	<div style="border: 1px solid black; width: 80px; height: 40px;"></div>

EXAM APPLICANT'S MAILING ADDRESS																													
"ATTENTION" ADDRESS LINE (Optional)																													
STREET OR BOX #																													
CITY															STATE					ZIP CODE									

TELEPHONE # AND PERSONAL IDENTIFICATION INFORMATION												
			Area Code			Number			M or F		EYE COLOR	
HOME PHONE # →			<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	SEX →		<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
			<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	HT →		<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
											Feet	Inches
			<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>			<div style="border: 1px solid black; width: 30px; height: 30px;"></div>

EXAM CHOICES

Place an 'X' in the box next to the exams you want to take (maximum of 3)

<input type="checkbox"/> COMMERCIAL CORE	<input type="checkbox"/> DEALER	<input type="checkbox"/> PRIVATE APPLICATOR
<input type="checkbox"/> RECIPROCAL	<input type="checkbox"/> EtO WAIVER	

COMMERCIAL CATEGORY EXAMS

<input type="checkbox"/> 1A-AGRICULTURAL PLANT	<input type="checkbox"/> 7A-GENERAL & HOUSEHOLD	<input type="checkbox"/> 8C-CAMPGROUND
<input type="checkbox"/> 1B-AGRICULTURAL ANIMAL	<input type="checkbox"/> 7B-TERMITES & OTHER WOOD DESTROYING INSECTS	<input type="checkbox"/> 8D-COOLING WATER
<input type="checkbox"/> 2-FOREST	<input type="checkbox"/> 7C-FUMIGATION	<input type="checkbox"/> 8E-SEWER LINE ROOT CONTROL
<input type="checkbox"/> 3A-ORNAMENTALS	<input type="checkbox"/> 7D-FOOD PROCESSING	<input type="checkbox"/> 8F-PET GROOMING
<input type="checkbox"/> 3B-TURF	<input type="checkbox"/> 7E-WOOD PRESERVING	<input type="checkbox"/> 9-REGULATORY
<input type="checkbox"/> 3C-INTERIOR PLANTSCAPE	<input type="checkbox"/> 7F-ANTIFOULANTS	<input type="checkbox"/> 10-DEMONSTRATION & RESEARCH
<input type="checkbox"/> 4-SEED TREATMENT	<input type="checkbox"/> 8A-GENERAL PUBLIC HEALTH	<input type="checkbox"/> 11-AERIAL
<input type="checkbox"/> 5-AQUATIC	<input type="checkbox"/> 8B-MOSQUITO	<input type="checkbox"/> 12A-WATER SANITIZATION
<input type="checkbox"/> 6B-RIGHT-OF-WAY		<input type="checkbox"/> 12B-STERILIZATION

EXAM SCHEDULING CHOICES (From 'CERTIFICATION EXAM SCHEDULE')

Must choose 3 different dates!

*****FIRST CHOICE*****

SITE CODE	MO.	DAY	YEAR

*****SECOND CHOICE*****

SITE CODE	MO.	DAY	YEAR

*****THIRD CHOICE*****

SITE CODE	MO.	DAY	YEAR

ATTENTION: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM!

OFFICE USE ONLY									
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	FEE BATCH #	EXAM DATE ASSIGNED	MO.	DAY	YEAR	EXAM SITE	START TIME		
			□ □	□ □	□ □ □ □				
			□ □	□ □	□ □ □ □				
NO SHOW ➔	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	REASSIGNED DATE	□ □	□ □	□ □ □ □			RECIPROCAL STATES	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>
EXAM MONITOR:						<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			

EMPLOYER NAME AND TELEPHONE NUMBER

IF YOUR EMPLOYER IS A LICENSED PESTICIDE APPLICATOR BUSINESS OR PESTICIDE DEALER BUSINESS, PLEASE FILL IN THE BUSINESS LICENSE NUMBER HERE ➡

EMPLOYER NAME OR BUSINESS NAME (pesticide use-related only) IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN 'NONE'

Area Code

Number

EMPLOYER OR BUSINESS TELEPHONE # ➡

IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHONE #

EMPLOYER OR BUSINESS MAIL ADDRESS

IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME MAIL ADDRESS

STREET OR BOX #

CITY

STATE

ZIP CODE

EMPLOYER OR BUSINESS PHYSICAL ADDRESS

IF NO CURRENT EMPLOYER OR BUSINESS, FILL IN HOME PHYSICAL ADDRESS

STREET

CITY

STATE

COUNTY

← USE COUNTY CODE BELOW

SIGNATURE BOX

SIGNATURE OF EXAM APPLICANT ➡

EXAM APPLICATION FORM WILL BE REJECTED WITHOUT THIS SIGNATURE!!

NOTE: Providing false or misleading information on this form will result in denial or revocation of your certification and licensing.

COUNTY CODES		
01 - Atlantic County	08 - Gloucester County	15 - Ocean County
02 - Bergen County	09 - Hudson County	16 - Passaic County
03 - Burlington County	10 - Hunterdon County	17 - Salem County
04 - Camden County	11 - Mercer County	18 - Somerset County
05 - Cape May County	12 - Middlesex County	19 - Sussex County
06 - Cumberland County	13 - Monmouth County	20 - Union County
07 - Essex County	14 - Morris County	21 - Warren County
		22 - Outside of NJ